## STATE OF NEW HAMPSHIRE

## 2019 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT	
Vacial / //ack	
I. Name of Lobbyist(s)	
II. Name of lobbyist's partnership, firm or corporation, if any:	ń
Pialets and Democracy 1/H	
(Name of partnership, firm or corporation)	07/01
63 Hanovy 9/ Mancherla N/1	<u> </u>
Business Address: (Street) (Town/City) (State)	(Zip Code)
() 802-16/-1919() e-mail 1349CO	RAZNIT. OF 9
(Telephone) (Fax)	V
III. This statement covers: (Choose one - file separate reports for each client, OR you may file a se	eparate report for
reportable expense transactions which are not attributable to any one client).	
All reportable transactions occurring in the months prior to the reporting date relative to the following	ng client:
Pulita + Damccacy	NA
(Full Name of Client as it appears on the Lobbyist Registration Form)	70 17
<u>OR</u>	
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm list	ed below which are
unrelated to any particular client.	
IV. Date of Report April 24, 2019   July 31, 2019	
Reports cover: activity from date of registration to 3/31/19 activity from 4/1/19 to 6/30/19	
October 30, 2019 $\Box$ January 29, 2020 $\Box$ activity from 7/1/19 to 9/30/19 activity from 10/1/19 to 12/31/19	
V. There have been no fees received and no reportable transactions made since the last r If this box is checked, complete just this form and submit it to the Secretary of State's Office, State Hou.	report. 🖳
Concord, NH 03301.	30, 100/11 20 1,
X/I Charl if additional removes are attached:	
VI. Check if additional reports are attached:  If you have received fees or made expenditures, you must file Addendum A—Fees and Expenses	
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of H	
Expense Reimbursement	Vitical Contributions
If you, your firm, or your family has made political contributions, you must file Addendum C-Po	inical Conditions
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, B&A 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing	g information is true
and complete to the best of my knowledge and belief.	7
(Date)	
(Signature of løbbyist) (Date)	RECEIVED
(Disable def Johnvier)	
(Print Name of lobbyist)	APR 0 3 2019

NEW HAMPSHIRE DEPARTMENT OF STATE